



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF SPECIAL HEALTH CARE NEEDS
PRIOR AUTHORIZATION REQUEST-DENTAL SERVICES

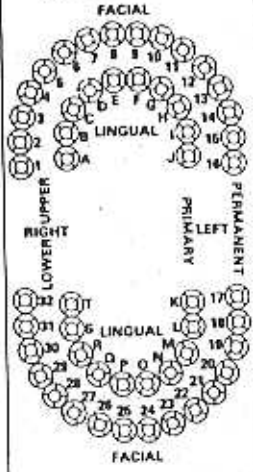
SEE INSTRUCTIONS ON REVERSE SIDE.
PLEASE TYPE.

I. DCN

2. NAME (LAST, FIRST, MIDDLE)	3. DATE OF BIRTH	9. SERVICES REQUESTED - CHECK ALL APPLICABLE BOXES <input type="checkbox"/> PREVENTIVE <input type="checkbox"/> RESTORATIVE <input type="checkbox"/> ENDODONTICS <input type="checkbox"/> PERIODONTICS <input type="checkbox"/> OTHER <input type="checkbox"/> PROSTHODONTICS <input type="checkbox"/> ORAL SURGERY <input type="checkbox"/> ORTHODONTICS <input type="checkbox"/> ADJUNCTIVE
4. ADDRESS	5. TELEPHONE NUMBER	
(CITY, STATE, ZIP)	COUNTY	
6. INSURANCE COMPANY NAME		
7. INSURANCE COMPANY ADDRESS		
8. INSURANCE POLICY NUMBER		10. COST OF SERVICE(S) REQUESTED

ALL REQUESTS FOR SERVICES MUST HAVE PRIOR APPROVAL BY CENTRAL OFFICE

11. IDENTIFY REFERENCED TEETH WITH "X"	12. TREATMENT PLAN: COMPLETE ITEMS 'A' THROUGH 'E' AS APPROPRIATE USING CHART AT LEFT AS REFERENCE.			
	A. TOOTH # OR LETTER	B. SURFACE	C. DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROSTHELSIS, MATERIALS USED, ETC.) LINE NO.	D. PROCEDURE NUMBER



13. COMPLETE THIS SECTION FOR ORTHODONTIC SERVICES <input type="checkbox"/> FULL TREATMENT CASE <input type="checkbox"/> ONE PHASE <input type="checkbox"/> TWO PHASE <input type="checkbox"/> OTHER DESCRIBE TYPE OF MALOCCLUSION IN SECTION 14 AT RIGHT. <input type="checkbox"/> LIMITED TREATMENT CASE DESCRIBE TYPE OF TREATMENT IN SECTION 14 AT RIGHT.	14. DESCRIBE SERVICES REQUESTED, NEED & EXPECTED OUTCOME
STARTING DATE OF TREATMENT	INITIAL PAYMENT
ENDING DATE OF TREATMENT	MONTHLY PAYMENTS @ PER MONTH

NO COMPENSATION SHALL BE CHARGED OR ALLOWED BY THE VENDOR OTHER THAN COMPENSATION FIXED AND ALLOWED BY THE DEPARTMENT.

15. SIGNATURE OF APPROVED DENTIST	16. PROVIDER NUMBER	17. TELEPHONE NUMBER
18. DATE	19. TYPED NAME OF PROVIDER OF SERVICE	20. ADDRESS (STREET, CITY, STATE, ZIP)

BSHCN USE ONLY

- ☐ 21. APPROVED
☐ 22. PENDING
☐ 23. DENIED

24. COMMENTS

25. PARTICIPATION	26. EFFECT. DATE	27. EXPIR. DATE
28. PROCESSED BY	29. DATE	